

## SESSION 2

TABLE DISCUSSION ON

**LEVERS FOR CHANGE TO PREPARE THE**

**FUTURE HEALTHCARE WORKFORCE**

TO PROVIDE OPTIMAL BEHAVIORAL

HEALTHCARE FOR CHILDREN, YOUTH, AND

FAMILIES

**TABLE 1:** Improving training to focus on ***optimal behavioral health promotion/risk prevention by implementing multigenerational surveillance***

### **1. Important to achieve**

- **Competencies around family histories and identifying risks**
- **Early trainees in self-identifying as “team members”**

### **2. Barriers and challenges to overcome**

- **Lack of models**
- **Competition among trainees; funding**

### **3. Opportunities (e.g., models, solutions, etc.)**

- **Simulation; OSCE's; EHRs reshaped**
- **Interprofessional training**
- **Funding**

**TABLE 2:** Incorporating exposure to **evidence-based practices into content and assessment** of training programs

## **1. Important to achieve**

- **Put standards in licensing & accreditation around prev**
- **Reduction in unnecessary medical services, reduce costs**
- **Disseminate successes, progress, & failures**

## **2. Barriers and challenges to overcome**

- **Financing & structure of healthcare**
- **What can be dropped from cramped curricula?**

## **3. Opportunities (e.g., models, solutions, etc.)**

- **Investments in undergrad programs & existing workforce**
- **Social work shows us that curricula does exist**

**TABLE 3:** Fostering a future ***integrated, interprofessional care through multiple mechanisms***  
(co-location/integration, co-management, efficient and effective handoffs)

## **1. Important to achieve**

- **Use info from other sources**
- **Payment reimbursement**

## **2. Barriers and challenges to overcome**

- **Disconnect between educational services & community**
- **One size doesn't fit all**

## **3. Opportunities (e.g., models, solutions, etc.)**

- **Model: “we are one body,” patient/family partnership**
- **Telebehavior model**
-

**Table 4:** Improving training on the ***behavioral health needs of children with disabilities and chronic medical conditions*** and their families

## **1. Important to achieve**

- Complete inclusion of ALL children and families with chronic or complex illness and/or disability – reduce stigma, increase inclusion
- Seize promotion and prevention opportunities in all socioecological layers to enhance society's PROSPERITY

## **1. Barriers and challenges to overcome**

- \* Expanded content for training, stigma of bh and silos pose barriers,
- \* Need to expand from de-limited “patient-centered” care and training to comprehensive “family-centered” care and training

## **1. Opportunities (e.g., models, solutions, etc.)**

- Transdisciplinary & interprofessional training can reduce stigma and enhance promotion/prevention outcomes
- Need to support front-line providers regarding bh issues in these disability and chronic/complex condition populations (all levels - core skills and competencies, exposure to “lived experience”, learning collaboratives, etc)

**Table 5: Engaging patients and parents in co-promotion of behavioral health to improve care** in the patient encounter as well as systematically in setting standards and developing content for training programs

### **1. Important to achieve**

- **Leads to better outcomes, powerful experiences**
- **Parents as experts and implementers**

### **2. Barriers and challenges to overcome**

- **Competing knowledge, stigma**
- **Lack of mentorship and funding; silos**

### **3. Opportunities (e.g., models, solutions, etc.)**

- **Parent involvement in training**
- **Incentive for parent participation**

**Table 6:** Using the ***power of program accreditation, professional certification, and credentialing to improve training*** regarding behavioral health across professions

## **1.Important to achieve**

- **Agility and responsiveness to changing needs**
- **Increase interdisciplinary training**

## **2.Barriers and challenges to overcome**

- **Siloed environments with varying resources**
- **Limited funding**

## **3.Opportunities (e.g., models, solutions, etc.)**

- **Models of value-based care**
- **Explore existing funding**

**Table 7:** Enhancing training for healthcare professionals ***to improve the behavioral health of children, youth, and families involved in other child-serving systems*** (e.g., schools, prisons, group homes, residential facilities, child welfare)

## **1. Important to achieve**

- **Population prevention health**
- **Continuity of care**

## **2. Barriers and challenges to overcome**

- **Training specialists/team training**
- **Lack of data sharing**

## **3. Opportunities (e.g., models, solutions, etc.)**

- **Cross-disciplinary training/team training**
- **Coordinated care**

**Table 8:** Examining how **current reimbursement for training and clinical care limits a focus on the behavioral health** of children, youth, and families and identifying possible solutions

### **1.Important to achieve**

- **Tie training/education money to QI & outcomes based on community needs**
- **Equity btwn behavioral and medical training for team-based care**

### **2.Barriers and challenges to overcome**

- **FFS requires volume and service specialization**
- **Medical systems at the trough are effective and speak with unified voice**

### **3.Opportunities (e.g., models, solutions, etc.)**

- **Advance alt. value payment models**
- **Employ ROI studies/national survey/proof-of-concept sites**